

Zoning Certification Request Louisville Metro Planning & Design Services

	Case No.:		Intake Staff:	
FRSON COURT	Date:		Fee: \$50	
Checklist:				
• •	· · · · · · · · · · · · · · · · · · ·		, , , , ,	lighted, checked, underlined)
Note: The fee inc	ludes a zoning map,	minutes of approved and Development Code		Regulations) ts, variances, waivers, appeals, cuments, such as a copy of the
Project Informati	ion:			
Primary Project A	Address:			
Additional Addres	ss(es):			
Primary Parcel ID): 			
Additional Parcel	ID(s):			
Zoning Letter Inf		of the person and/	or company the lette	or will be addressed to
•		·		er will be addressed to.
	nere ii the Zoning	Certification Letter i	needs to be mailed t	o tris address
Name:				
Company:				
Address:				
City:			State:	Zip:
Contact Informat	tion:			
Please provide the	name and phone r			er. If you prefer that the a mailing address below.
Name:				
Company:				
Address:				
City:			State:	Zip:
		ax:	Email:	